

Residential Building Permit Application

Revised 8/23/05



proud past, promising future

CLARK COUNTY
WASHINGTON

Permit Number: _____

*** All shaded areas are required to be filled out prior to submittal of application ***

Property Owner Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

E-Mail Address: _____

Contractor **Applicant** **Contact Information:**

Name: _____

Mailing Address: _____

General Contractor's License #: _____ Phone #: _____

Cell #: _____ Fax #: _____ E-Mail Address: _____

Certified Erosion Control Person: _____ Phone #: _____

<p>Application Type:</p> <p><input type="checkbox"/> New Single Family Residential <input type="checkbox"/> Same-as Plan <input type="checkbox"/> Residential Addition <u>PCK #</u> _____ <input type="checkbox"/> Detached Garage/Shop <input type="checkbox"/> Mobile Home Placement <input type="checkbox"/> Hardship Mobile Placement <input type="checkbox"/> House Move <input type="checkbox"/> Other: _____</p>	<p>Proposed:</p> <p><input type="checkbox"/> One Story <input type="checkbox"/> Two Story</p> <p>Existing number of bedrooms: _____</p> <p>Proposed number of bedrooms: _____</p>	<p>Type of heat:</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: _____</p>
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<p>If you are <u>NOT</u> building a new residence, please identify what other permits you need:</p> <p><input type="checkbox"/> Road Approach – Public Roads <input type="checkbox"/> Mechanical (furnace, gas piping, woodstove, heat pump) <input type="checkbox"/> Plumbing (water service, moving fixtures, lawn sprinklers) <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Adult Foster Care for WABO <input type="checkbox"/> Guest House <input type="checkbox"/> None of the above</p> <p>Project Valuation (Building Materials & Labor Only): _____</p> <p>Deck Valuation (Unless Under Truss Roof Line): _____</p> <p>Patio Cover Valuation: _____</p>	<p>Square Footage:</p> <p>Proposed Finished: _____</p> <p>Proposed Unfinished: _____</p> <p>Proposed Basement Finished: _____</p> <p>Proposed Basement Unfinished: _____</p> <p>Proposed Garage: _____</p> <p>Proposed Carport: _____</p> <p>Existing House: _____</p> <p>Proposed Deck: _____</p> <p>Proposed Deck Under Truss Roof Line (If In Conjunction with a new SFR): _____</p> <p>WABO Client Area: _____</p>
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Project description (including proposed overall footprint dimension and any decks, awnings carports...):

Utilities:

Septic System Private Well

Sewer, District: _____ Community Well

_____ Public Water, District: _____

Property Location:

Address: _____

Subdivision Name (if applicable): _____	Lot Number or Parcel Number: _____
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Staff to complete. Environmental Constraints:

<input type="checkbox"/> Archaeological	<input type="checkbox"/> Floodplain	<input type="checkbox"/> SEPA
<input type="checkbox"/> Geologic Hazard	<input type="checkbox"/> Shoreline	<input type="checkbox"/> Columbia Gorge Scenic Area
<input type="checkbox"/> Habitat	<input type="checkbox"/> Wetlands/Hydric Soils	<input type="checkbox"/> Forest Practice
	<input type="checkbox"/> Wildlife Interface Area	<input type="checkbox"/> None

Applicant Initials: _____ Staff Initials: _____ Current Zoning: _____

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements errors, and/or omissions may be sufficient cause for denial or revocation of the permit.

Applicant/Authorized Signature _____ Date _____